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# FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



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# DOCE COL

JUN 03 2005

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

FORM D

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	Prefix		Serial
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VEE!	مع والسلام		

\ \ \	SECTION 4(0), AND/OR	The Date Mederal
THOMSON FINANCIAL	UNIFORM LIMITED OFFERING EXEM	PTIONER
Name of Offering ( check if the	s is an amendment and name has changed, and indicate change.)	We was
STP Partners, LLC - up to 15,5	00,000 Limited Membership Units at \$1.00 per Unit for total	proceeds of up to \$15,500,000
Filing Under (Check box(es) that app Type of Filing: New Filing		2005
	A. BASIC IDENTIFICATION DATA	15 513 ELO
1. Enter the information requested	about the issuer	Ste
Name of Issuer ( check if this is STP Partners, LLC	an amendment and name has changed, and indicate change.)	
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1600 Division Street, Suite 600,	Nashville, Tennessee 37203	615-250-1802
Address of Principal Business Opera (if different from Executive Offices)		Telephone Number (Including Area Code)
same		same
Brief Description of Business		
develop and own an income-pro	ducing commercial office building	
Type of Business Organization  corporation business trust	The state of the s	please specify): #imited liability apany, already formed
Actual or Estimated Date of Incorpo Jurisdiction of Incorporation or Orga	Month Year ration or Organization: 1 2 0 4 Actual Esti	mated

## GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		A. BASIC IDE	NTIFICATION DATA			
<ol> <li>Enter the information re</li> </ol>	quested for the fol	lowing:				
<ul> <li>Each promoter of t</li> </ul>	he issuer, if the iss	uer has been organized w	ithin the past five years;			
Each beneficial ow	ner having the pow	er to vote or dispose, or dir	ect the vote or disposition	of, 10% or more of	f a class of equity securities of the	issuc
Each executive off	icer and director o	f corporate issuers and of	corporate general and mar	naging partners of	partnership issuers; and	
<ul> <li>Each general and r</li> </ul>	nanaging partner o	f partnership issuers.				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	<u>-</u>
Full Name (Last name first, i	f individual)			<del></del>		
Eakin Properties, LLC	i morviduar)					
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	nde)		· · · · · · · · · · · · · · · · · · ·	
1600 Division Street, Sui						
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or	
Check Box(es) that Apply.	L Flomoter	Belieficial Owner		☐ Bilector	Managing Partner	
Full Name (Last name first, i	findividual)					
run Ivanic (Lasi name iirst, t	i muryiuuai)					
Business or Residence Addre	occ (Number and	Street, City, State, Zip Co	nde)			
business of Residence Addre	ons toomuri) ee	oneer, Chy, State, Zip Co	) (Lab.)			
Charle Day(an) that A ==1	Dramata-	☐ Beneficial Owner	Executive Officer	☐ Director	Canaral e- d/a-	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first,	if individual)				*	
	<del></del>	<u> </u>				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first,	if individual)		•			
			<del></del>			
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner	
Full Name (Last name first,	if individual)					
		·				
Business or Residence Addre	ess (Number and	Street; City, State, Zip Co	ode)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or	
					Managing Partner	
Full Name (Last name first,	if individual)					
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first,	if individual)		,			
		• .				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)	_		
			•	-		
	(Use bla	ink sheet, or copy and use	additional conjes of this s	sheet, as necessary	·)	

<sup>\*</sup> Eakin Properties, LLC is the sole governor of STP Partners, LLC and is the holder of the only units of STP Partners, LLC with full voting rights.

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1	to the investment of the investment of the control										Yes	No	
1.	Answer also in Appendix, Column 2, if filing under ULOE.								•••••				
2.	What is	the minim	um investm			• • • • • • • • • • • • • • • • • • • •		-				s 250	× 00.000,
-												Yes	No
3.			permit joint						~				
4.	commis If a pers or states	sion or sim on to be lis s, list the na	ion request ilar remune ted is an ass ime of the b you may s	ration for s sociated pe roker or de	olicitation rson or age aler. If me	of purchase ent of a brok ore than five	ers in conne er or deale: e (5) person	ction with registered is to be list	sales of sec I with the S ed are asso	curities in t EC and/or	ne offering. with a state	:	
Ful	Name (	Last name	first, if indi	ividual)									
<u></u>		Davidanas	Address (X)	ha	Ctroot C	tu State 7	:- Cadal			<del></del> -			
Bus	iness or	Residence	Address (N	umber and	i Street, C	ity, State, Z	ip Code)						
Nar	ne of Ass	sociated Br	oker or De	aler									
Stat	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers			<del></del>			
	(Check	"All States	or check	individual	States)		************			*****************		☐ Ail	l States
	AL	ĀK	ΙAZ	AR	CA	CO	CT	DE	[DC]	FL	[GA]	HI	Œ
	TL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	ИН	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	IN	TX	UT	VT	VA.	WA	WV	WI	<u>WY</u>	PR
Ful	Full Name (Last name first, if individual)												
	i Name (	Last name	iirst, ii ina	ividual)									
			Address (1		d Street, C	City, State, 2	Zip Code)		<del></del> ;	_,,		. •	
Bus	siness or	Residence	: Address (1	Number an	d Street, C	City, State, 2	Zíp Code)	·		,		. •	
Bus	siness or	Residence		Number an	d Street, C	City, State, 2	Zip Code)			,		. •	
Bus	siness or me of Ass	Residence sociated Br	Address (1 roker or De	Number an	or Intends	s to Solicit	Purchasers	· · · · · · · · · · · · · · · · · · ·		,			
Bus	siness or me of Ass	Residence sociated Br	: Address (I	Number an	or Intends	s to Solicit	Purchasers	· · · · · · · · · · · · · · · · · · ·				☐ All	I States
Bus	me of Ass tes in Wh (Check	Residence sociated Braich Persor "All State:	Address (1 roker or De Listed Has s" or check	Number an aler s Solicited individual	or Intends	to Solicit	Purchasers [CT]	DĒ]	DC	FL	GA	( All	I States
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Bus	me of As: tes in Wh (Check AL IL	Residence sociated Braich Persor "All States  AK IN NE	Address (1 roker or De Listed Has s" or check	Number an aler  s Solicited individual  AR  KS  NH	or Intends	to Solicit	Purchasers  CT  ME  NY	DĒ]	DC	FL MI OH	GA MN OK	HI MS OR	ID MO PA
Bus Nan Sta	me of As: tes in Wh (Check AL IL) MT	Residence sociated Braich Persor "All States  AK IN NE SC	Address (I roker or De Listed Ha s'' or check AZ IA NV	Number an aler  s Solicited individual  AR  KS  NH  TN	or Intends  States)  CA  KY  NJ	co LA NM	Purchasers  CT  ME	DE MD NC	DC MA ND	FL	GA MN	HI MS	ID MO
Bus Nan Sta	me of As: tes in Wi (Check AL IL MT RI	Residence sociated Braich Persor "All States  AK IN NE SC Last name	coker or De  Listed Has  or check  AZ  IA  NV  SD  first, if ind	Number an aler  s Solicited individual  AR  KS  NH  TN  ividual)	or Intended	CO LA NM UT	Purchasers  CT  ME  NY  VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
Bus Nan Sta	me of As: tes in Wi (Check AL IL MT RI	Residence sociated Braich Persor "All States  AK IN NE SC Last name	Address (I roker or De Listed Ha s'' or check AZ IA NV	Number an aler  s Solicited individual  AR  KS  NH  TN  ividual)	or Intended	CO LA NM UT	Purchasers  CT  ME  NY  VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
Nan Sta	tes in Wh (Check AL IL MT RI II Name (	Residence sociated Braich Person "All States  AK IN NE SC Last name	coker or De  Listed Has  or check  AZ  IA  NV  SD  first, if ind	aler s Solicited individual AR KS NH TN ividual)	or Intended	CO LA NM UT	Purchasers  CT  ME  NY  VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
Nai Sta	me of As:  tes in Wh  (Check  AL  IL  MT  RI  II Name (  siness of As	Residence sociated Braich Persor "All States  AK IN NE SC  Last name r Residence	Address (1) roker or De n Listed Ha. s" or check AZ NV SD first, if ind	aler  s Solicited individual KS NH TN ividual)  Number and saler	or Intends I States)  CA  KY  NJ  TX  ad Street, C	CO LA NM UT	Purchasers  CT  ME  NY  VT  Zip Code)	DE MD NC VA	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
Nai Sta	me of As:  tes in Wi (Check  AL  IL  MT  RI  II Name (  siness or  me of As  tes in Wi	Residence sociated Braich Persor "All States  IN NE SC  Last name Residence sociated Braich Persor	Address (I roker or De Listed Hazs'' or check  AZ  NV  SD  first, if ind a Address (I	Number and aler  s Solicited individual KS NH TN ividual)  Number and saler  s Solicited	or Intended States)  CA  KY  NJ  TX  ad Street, C	CO LA NM UT	Purchasers  CT  ME  NY  VT  Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA
Rus Nan Sta	me of As: tes in Wh (Check AL IL MT RI II Name ( siness on me of As tes in Wh (Check	Residence sociated Braich Persor "All States  AK IN NE SC  Last name r Residence sociated Braich Persor "All State	roker or De  Listed Hass' or check  AZ  IA  NV  SD  first, if ind  coker or De  Listed Hass' or check	Number and aler  s Solicited individual AR KS NH TN ividual)  Number and aler  s Solicited individual	or Intended States)  CA  KY  NJ  TX  Ad Street, Co  or Intended I States)	CO LA NM UT  City, State,	Purchasers  CT  ME  NY  VT  Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Rus Nan Sta	me of As:  tes in Wi (Check  AL  IL  MT  RI  II Name (  siness or  me of As  tes in Wi	Residence sociated Braich Persor "All States  IN NE SC  Last name Residence sociated Braich Persor	roker or De  Listed Hass' or check  AZ  IA  NV  SD  first, if ind  Address ()	Number and aler  s Solicited individual KS NH TN ividual)  Number and saler  s Solicited	or Intended  CA  KY  NJ  TX  ad Street, Co  or Intended  I States)	CO LA NM UT City, State,	Purchasers  CT  ME  NY  VT  Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Rus Nan Sta	me of As: tes in Wh (Check  AL II) II Name ( siness of tes in Wh (Check  AL  Check  AL	Residence sociated Braich Person "All States  AK IN NE SC  Last name r Residence sociated Braich Person "All State	roker or De  Listed Hais' or check  AZ  IA  NV  SD  first, if ind  Address (I)  roker or De  Listed Hais' or check	Number and aler  s Solicited individual    AR    KS    NH    TN    ividual)    Number and aler    s Solicited individual    AR    AR    AR	or Intended States)  CA  KY  NJ  TX  ad Street, Co  or Intended States)	CO LA NM UT City, State,	Purchasers  CT  ME  NY  VT  Zip Code)  Purchasers	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

<sup>3</sup> of 9

<sup>\*</sup> Although a lesser amount may be accepted at the discretion of the Managing Member.

_	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF F	ROCEEDS	
۱.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	<b>5</b>	\$
	Equity	· -	
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		
	Other (Specify membership interests		
	Total	17,600,000.00	\$ 17,600,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	63	\$ 17,600,000.0
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)	63	\$ 17,600,000.0
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		e e
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	لبنا	\$ 16,897.96*
	Legal Fees	المان	\$ 39,757.50*
	Accounting Fees	لبطا	\$
	Engineering Fees		\$ 16,672.50*
	Sales Commissions (specify finders' fees separately)	٠ -	\$
	Other Expenses (identify) project marketing		s 43,348.50*

<sup>\*</sup> represents pro rata portion of total financing

	C. OFFERING PRICE, NUME	BER OF INVESTORS, EXPENSES AND USE OF I	PROCEEDS	
	b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C — 0 proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		\$
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		□\$	<b>S</b>
	Purchase of real estate			
	Purchase, rental or leasing and installation of maciand equipment	hinery		
	Construction or leasing of plant buildings and faci	ilities	□ \$	
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ts or securities of another	□\$	
	Repayment of indebtedness		□ \$	\$
	Working capital		\$	
	Other (specify): Performance/Development Fee	**	\$ 445,668.75	* 🗆 \$
			\$	. 🗆 \$
	Column Totals		\$ 445,668.75	\$ 2,378,678.60
	Total Payments Listed (column totals added)		\$ <u></u> 2.	824,347.35
_		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-accu	nish to the U.S. Securities and Exchange Commi	ssion, upon writte	
ss	uer (Print or Type)	Signature	Date	
ST	P Partners, LLC	John Ecken		
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)		
loh	n W. Eakin	Chief Manager of the sole governor and Man	aging Member, E	akin Properties IIIC

- \* represents pro rata portion of total financing
- \*\* represents pro rata portion of total financing as well as pro rata portion of architectural, environmental and other land/building costs

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

-		E. STATE SIGNATURE		
	,I.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No 🔀
			_	

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
STP Partners, LLC	John Edin	<b>~</b>
Name (Print or Type)	Title Print or Type)	
John W. Eakin	Chief Manager of the sole gov	vernor and Managing Member, Eakin Properties, LLC

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

			·	AI	PENDIX				
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4  Type of investor and  amount purchased in State  (Part C-Item 2)				ification ate ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL				_					
AK									
AZ									
AR									
CA									
со									
СТ									
DE									
DC									
FL							,	Г	
GA									
HI									
ID									
IL									
IN	,								
IA		,							
KS									
KY									
LA									
ME									
MD									
MA									
MI									, , <u>.</u>
MN									
MS				1	\$625,000.0				

			<u></u>	APP	ENDIX	·			
1	Intend to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 Tinvestor and rchased in State C-Item 2)		under Sta (if yes, explana	lification ate ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
MT									
NE									
NV									
NH									i
NJ									
NM							· · · · ·		
NY									
NC									
ND									
ОН									
OK		J.							
OR									<u></u>
PA									
RI		<u></u>							
sc									
SD									
TN				62	\$16,975,000				
TX									
UT									
VT									
VA									
WA									
WV									
WI									

		····	<u>-</u>	APP	ENDIX	·					
1		2	3 T of a sourite		4						
	to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and explar amount purchased in State (Part C-Item 2) (Part E			amount purchased in State				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY											
PR									3		